CERTIFICATION PAGE

The statement below must be signed by the Institutional Official or his/her Authorized Designee\(^1\) and submitted with the Program Description.

I hereby certify that the information contained in this Program Description is a true, accurate and complete representation of the (Accredited Unit and Parent Organization Name) animal care and use program as submitted. I further certify that (Accredited Unit and Parent Organization Name) will provide true, accurate and complete information during the site visit and subsequent related correspondence (e.g., post site visit communications, institutional responses) with AAALAC International. I understand that, in accordance with the Rules of Accreditation, any false statements or omissions that have bearing on the animal care and use program may result in revocation of accreditation of (Accredited Unit and Parent Organization Name).

_______________________________________
Signature of Institutional Official or Authorized Designee

______________________________________
Printed Name

______________________________________
Date

\(^1\) The Designee may be the AAALAC Unit Contact, Attending Veterinarian, or Chair of the IACUC/OB, and can sign this form with authorization from the Institutional Official.